MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34481

1. PLACE OF DEATH

County.......... Registration District No. 791 / 1003 — File No..........

Township *St Jaunis Mr* — Primary Registration District No.......... Registered No. 8627

City (No. *City Hos, #2*) .... St.......... Ward)

2. FULL NAME *Birtha March*

(a) Residence, No. *2943 A Easton ave* St., *21* Ward.

(Usual place of abode)

Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

No physician in attendance

3. SEX *Female* **4. COLOR OR RACE** *col* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10 - 2*, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widow*

22. I HEREBY CERTIFY, That I attended deceased from ...., 19......, to ...., 19......

I last saw h.......... alive on ...., 19...... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt. 1888*

to have occurred on the date stated above, at *9:30* m.

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ......min.
	abt 45	—	—	

Ruptured Gastric Ulcer

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laundress*

10. Date deceased last worked at this occupation (month and year) **11.** Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

13. NAME *unknown*

Name of operation.......... Date of..........

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

What test confirmed diagnosis?.......... Was there an autopsy? *no*

15. MAIDEN NAME *unknown*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.......... Date of injury.........., 19......

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

Where did injury occur?..........

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Ephram Johnson* *2836 Easton ave*

Manner of injury..........

Nature of injury..........

18. BURIAL, CREMATION OR REMOVAL PLACE *Father Dickson (cem)* DATE *10-5* 193*3*

24. Was disease or injury in any way related to occupation of deceased?..........

If so, specify..........

19. UNDERTAKER (ADDRESS) *Ellis Funeral Home* *2820 Stoddard st.*

(Signed) *Harold W Blunk*

(Address)..........

20. FILED OCT -1 1933 19...... *J F Bredeck* Registrar.

Nov 10 1933